7798 07741

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Andrew Chase

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 11-N. Street, NE.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Lee (Last) Alexander
4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 6-31-26
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): N-Carolina
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Charley Alexander
14. MOTHER'S MAIDEN NAME: Mary Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: John D. Alexander, Englewood. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Stab wound of heart. DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Landover (County) Pr. Geo (State) Md
21d. TIME OF INJURY (Month) 8 (Day) 25 (Year) 54 (Hour) 7:30 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Stabbed in chest by another person.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/30/54
NAME OF CEMETERY OR CREMATORY 467-N-St NW
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 8.30.19 54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry L. Washington & Sons
ADDRESS 467 N St. NW D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3824

RECEIVED
SEP 3 1954
BUREAU V. S.

MARYLAND · 7759

07742

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly - 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo-Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Meadow
STREET ADDRESS (If rural, give location) 2006 - Ravenwood Rd

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Baker

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 29 Aug 54
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard Baker
14. MOTHER'S MAIDEN NAME Margaret Singleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital blood anomaly. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Hepatol. splenomegaly marked. pulmonary + diaphragmatic phenomenon. pulmonary atelectasis. Hydrothorax
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1954, to 8/29, 1954, that I last saw the deceased alive on 8/29, 1954, and that death occurred at 12 01/A m., from the causes and on the date stated above.

SIGNATURE William M. Eisner (Degree or title) M.D ADDRESS Greenbelt, Md DATE SIGNED 8/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/2/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. 9/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home Mt Rainier Md. ADDRESS 3200 - R.I. Ave.

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RECEIVED
SEP 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07743

7756 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Ranier
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prinskeorgs
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Ranier
STREET ADDRESS (If rural give location) 3102-Bunker Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) MORRIS (Last) BAKER
4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 5-1899
9. AGE last birthday: 54 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Isaac Baker
14. MOTHER'S MAIDEN NAME: Dina Koppel
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT, & ADDRESS: Melvin Baker (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) coronary occlusion — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis

DUE TO

(c) diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1941, to Aug 30, 1954, that I last saw the deceased alive on 8/15, 1954 and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon Riley, M.D. ADDRESS 503-11th St SE. Washington, DC DATE SIGNED 8/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug 31 1954 NAME OF CEMETERY OR CREMATORY Cleveland Cemetery LOCATION (City, town, or county) Washington (State) Ed Co

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1954 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1954
BUREAU V. S.

07744

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7799

# CERTIFICATE OF DEATH

Reg. Dist. No. 232

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED: (Type or Print) | (First) Edward | (Middle) Livingston | (Last) Beall | 4. DATE OF DEATH: | (Month) 8 (Day) 1 (Year) 1954 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: January 2, 1860 | 9. AGE last birthday: 94 yrs. | IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Tenent | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME: Ninia Beall | 14. MOTHER'S MAIDEN NAME: Angeline (Nee Beckett) | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -- | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mr. Oscar Beall Upper Marlboro, Md. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 450.0 Immediate cause | (a) Congestive Heart Failure | 3 days |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Arteriosclerosis | 10 yrs. |
| DUE TO | | |
| | (c) — | |

| | |
|---|---|
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia | 1 year |
| 19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: — |
| 20. AUTOPSY? Yes ☐ No ☑ | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No (CITY OR TOWN) — (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from June 1, 1954 to Aug 1, 1954 that I last saw the deceased alive on Aug 1, 1954 and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE James L. Sawcer (DEGREE OR TITLE) M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 8-2-54

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/3/54 | NAME OF CEMETERY OR CREMATORY St. Barnabas Episcopal | LOCATION (City, town, or county) Leland | (State) Md. |
| DATE REC'D BY LOCAL REG. Aug 2, 1954 | REGISTRAR'S SIGNATURE John F. Danner | 24. FUNERAL DIRECTOR Ritchie Bros. | ADDRESS Upper Marlboro, Md. | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
AUG 4 1954
BUREAU V. S.

07745

MARYLAND 7760

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
LENGTH OF STAY (In this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Gorman Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
STREET ADDRESS (If rural, give location) 512 Gorman Avenue

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) L. (Last) Born

4. DATE OF DEATH (Month) August (Day) 9 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed
8. DATE OF BIRTH Aug 10 1868
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Harder
14. MOTHER'S MAIDEN NAME Lena Engling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Helen Millard, 512 Gorman Ave Laurel Md

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5-10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Severe.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION NONE
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ NONE
HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from 8/9, 1954, to 8/9, 1954, that I last saw the deceased alive on 8/9, 1954, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE R. L. Erickson (Degree or title) Md. ADDRESS Laurel, Maryland DATE SIGNED 8/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 11 1954
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. Aug 10-54
REGISTRAR'S SIGNATURE M. Brockeare
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

RECEIVED
AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07746

7800 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blvd. Hgts.
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4910 Ellis St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blvd. Hgts.
STREET ADDRESS (If rural give location) 4910 Ellis Hgts.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bessie Maude Bentsen

4. DATE OF DEATH: (Month) (Day) (Year) August 16, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1 Oct. 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sales Lady
10B. KIND OF BUSINESS OR INDUSTRY: Hechts Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Hartley
14. MOTHER'S MAIDEN NAME: Sarah Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-10-3998
17. INFORMANT & ADDRESS. Mrs. V. M. Hutton - Same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adenocarcinoma of breast
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary artery disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1953, to Aug. 16, 1954, that I last saw the deceased alive on 8-16, 1954, and that death occurred at 11:20 p M, from the causes and on the date stated above.

SIGNATURE Eugene J. Yarkoff M.D. ADDRESS 20 Min. Ave. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 19, 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REGISTRAR: Aug. 18, 1954
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Sec'd
24. FUNERAL DIRECTOR: F. Gasch's Sons
ADDRESS: Hyattsville, Md

Carrie F. Carroll

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07747

# 7761 CERTIFICATE OF DEATH

Reg. Dist. No. 031

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3714 - 34th Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Brandhoff

4. DATE OF DEATH: (Month) 8 (Day) 20th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH: 6/7/1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Meenahan Hardware Co

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: Mrs. Doris Stout 5817-31st Pl. W. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cancer of Rt. Kidney — 2 mos

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 15, 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Rt Kidney

20. AUTOPSY? YES ☐ NO ☑

20A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954 to Aug 20, 1954, that I last saw the deceased alive on Aug 20 1954, and that death occurred at 9:45 P M, from the causes and on the date stated above.

SIGNATURE Samuel J. Steiger M. D.

ADDRESS 4300 Raywood Dr Mt Rainier, Md

DATE SIGNED Aug 20 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/23/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 24 1954

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Nalley Funeral Home Inc

ADDRESS 3700 R.I. Ave Mt. Rainier, Md.

AUG 1[illegible]

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07748

# 7762 CERTIFICATE OF DEATH

Reg. Dist. No. 381

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 3205 - Varnum St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) H. (Last) Brigman

4. DATE OF DEATH: (Month) 8 (Day) 20th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 9/26/1880

9. AGE last birthday: 73 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Construction

10B. KIND OF BUSINESS OR INDUSTRY: Skinker & Garrett

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brigman

14. MOTHER'S MAIDEN NAME: Lula Pettigolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Edith M. Brigman 3205 - Varnum St. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Respiratry Anduis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Cor Pulmonale — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Emphysema, Bronchitis — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Aug., 1954, that I last saw the deceased alive on Aug 19, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller M.D. ADDRESS Mt Rainier Md DATE SIGNED Aug 20 1954

23. BURIAL ☐ CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/23/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 22 1954

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR Hallen's Funeral Home Inc ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

RECEIVED
AUG 27 19..
BUREAU V. S.

07749

MARYLAND 7763

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural give location) 618-50th Ave

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) V (Last) Brooke

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-17-1900
9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Raymond W. Brooke 618 50th ave Capital Heights Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rupture of myocardium

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c) Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH 15 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1954, to Aug 12, 1954, that I last saw the deceased alive on Aug 12, 1954, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE Benjamin S Miller (Degree or title) MD ADDRESS Mt Rainier Md DATE SIGNED Aug 13 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug-16-1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Maryland.

DATE REC'D BY LOCAL REG. 8/14/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Washington, D.C.

BUREAU V. S.

07750

MARYLAND 7764

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Route 1.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Buckler

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10 Aug 54
9. AGE last birthday yrs. If under 1 year Months, Days; If under 24 hrs. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Martin Carlo.
14. MOTHER'S MAIDEN NAME Agnes Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (700 gms)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1954, to Aug 10, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 3 45 A m., from the causes and on the date stated above.

SIGNATURE John W. Carlson (Degree or title) MD ADDRESS 5301 Hamilton St. Hyattsville Md DATE SIGNED 8 0 54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 8/17/54
NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 8/18/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry W. Penn Jr. ADDRESS Sryth

MARGIN RE[illegible]VED FOR BINDING

RECEIVED
AUG 20 1954
BUREAU V. S.

7801

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

017751

230

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BAKER NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 609 Rittenhouse NW

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) A (Last) BUTLER
4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-15-69
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John L. Loon
14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Augusta E Barnett 609 Rittenhouse NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE PULMONARY CONGESTION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO Sclerotic HEART Disease

(c) AURICULAR FIBRILLATION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Neither
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1952 to August, 1954, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L.A. Etienne M.D. College Park, Md 8/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-31-54 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Aug 29 1954 — REGISTRAR'S SIGNATURE John D Smith — 24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS 4812 Georgia Ave Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

07752

MARYLAND 7802

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town. OR TOWN Ammendale
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ammendale Normal Institute

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammendale
STREET ADDRESS (If rural, give location) Ammendale Normal Institute

3. NAME OF DECEASED (Type or Print) (First) NICHOLAS (Middle) JOHN (Last) CANTWELL

4. DATE OF DEATH (Month) August (Day) 6th (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 17/1867

9. AGE last birthday 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken Grower

10b. KIND OF BUSINESS OR INDUSTRY Ammendale Normal Inst.

11. BIRTHPLACE (State or foreign country) Castle Comber, Ireland

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME James Cantwell

14. MOTHER'S MAIDEN NAME Bridge Deezy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If year, give war or dates of service) None

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Brother Edwin, Ammendale Normal Inst. Ammendale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilitation — Interval between onset and death: 2 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardiovascular Disease — 5 yrs.

(c) Prostatectomy 1913

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1926, to 8/6 ....., 1954 that I last saw the deceased alive on 7/30 ....., 1954 and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. P. Warren MD ADDRESS Laurel Md DATE SIGNED 8/6/54 mcd

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 8/9/1954

NAME OF CEMETERY OR CREMATORY Ammendale Cemetery

LOCATION (City, town, or county) (State) Ammendale Normal Inst.

DATE REC'D BY LOCAL REG. August 7-1954

REGISTRAR'S SIGNATURE John O. Smith

24. FUNERAL DIRECTOR ADDRESS Ammendale, Md. W.W.Chambers Co., Riverdale, Md.

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07753

# 7750 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5413 - 20th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (Last) Chepuras
4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 19 54

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | married | Dec. 15, 1872 | 81 yrs. | | | | |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sparta, Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stathouli
14. MOTHER'S MAIDEN NAME: Jennie Louvis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Ruth H. Sherwood 5413-20th Ave., Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Hypertensive Cardiovascular Disease | 4 mos. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Generalized Arteriosclerosis | 1 yr. |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — 4 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1954 to Aug 3, 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE Francis P. Hannan (Degree or title) M.D. ADDRESS 1511-17 St. N.W. Wash DC DATE SIGNED Aug. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-6-54 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) WASH. D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 4 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Lovera Deputy — 24. FUNERAL DIRECTOR The S.H. Hines Co. — ADDRESS 2901-14th St. N.W. Wash., D.C.

VS. A15

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BUREAU V. S.

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07754

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 20 mm
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 910 - 64th Ave

3. NAME OF DECEASED: (First) Jane (Middle) (Last) Clark

4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: ? ? 1897

9. AGE last birthday: 57 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Sarah Watkins - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malone (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 8-30-54 NAME OF CEMETERY OR CREMATORY Harmed Washington LOCATION (City, town, or county) Washington D.C. (State)

DATE RECD BY LOCAL REGISTRAR Aug 31 1954 REGISTRAR'S SIGNATURE Amanda Stuney

24. FUNERAL DIRECTOR H. S. Washington ADDRESS 4611 N St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07755

# 7751 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3900 Hamilton St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Clark

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 4 1864
9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Atlanta Ga
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Home Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocarditis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1953 to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954 and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE Leonard Hays M. D. ADDRESS Hyattsville Md DATE SIGNED 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 2 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem
LOCATION (City, town, or county) (State) Wash D C

DATE REC'D BY LOCAL REGISTRAR Aug 31, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR Cherry Chase Funeral Home ADDRESS 5103 Wis ave N W

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 1 4

BUREAU W. S.

7766 07756

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6008 Euclid Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6008 Euclid Street

3. NAME OF DECEASED: (Type or Print) (First) Emmos (Middle) Barnes (Last) Collins
4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-15-07
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): W. Hampshire
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Collins
14. MOTHER'S MAIDEN NAME: Mary Sargent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of head
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Cheverly (County) Pr. Geo (State) Md
21d. TIME OF INJURY (Month) 8 (Day) 31 (Year) 54 (Hour) 11.30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 4, 1954
NAME OF CEMETERY OR CREMATORY Newark Cemetery
LOCATION (City, town, or county) Newark Delaware (State)
DATE REC'D BY LOCAL REG. 9/1/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

3828

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07757

# 7803 CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Suitland
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
STREET ADDRESS (If rural give location): 4731 Huron Ave

3. NAME OF DECEASED: (First) John (Middle) C (Last) Conley
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 6-27-1866
9. AGE last birthday: 88 yrs.
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Penn R.R.
11. BIRTHPLACE (State or foreign country): Phila, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ruth Mosley 4831 Huron Ave, Suitland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 yrs
DUE TO (c) Generalized Arteriosclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 19 54 to 8-11-, 19 54, that I last saw the deceased alive on 8-11, 19 54 and that death occurred at 2:00 p.m. from the causes and on the date stated above.
SIGNATURE (Degree or title): I. C. Donovan M.D.
ADDRESS: 487 Homer Ave Suitland Md
DATE SIGNED: 8-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 8/14/1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REGISTRAR: Aug. 13, 1954
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: Robert A. Mattingly
ADDRESS: 131-11th St SE Wash DC

AUG 16 1954

BUREAU V. S.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Ridge, Maryland
STREET ADDRESS (If rural, give location) 7104 Marywood St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Connelly

4. DATE OF DEATH (Month) August (Day) 31, (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 28, 1887

9. AGE last birthday 67 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME James Grace

14. MOTHER'S MAIDEN NAME Ellen Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mary Grace Connelly Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma Right Breast c̄ metastases to liver and spleen

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6+ mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-5-54

19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma c̄ metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1954, to 8-31, 1954, that I last saw the deceased alive on 8-31, 1954, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Waldo B. Morgan (Degree or title) M.D. ADDRESS Mt. Rainier Md DATE SIGNED 8-31-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 3/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Holy sepulcre cemetery East Orange (State) N.J.

DATE REC'D BY LOCAL REG. 8/31/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gasche Sons Hyattsville, Md ADDRESS

SEP 3
BUREAU

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MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Dent

4. DATE OF DEATH (Month) Aug. (Day) 17, (Year) 1954

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH | 9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis recurrent | 6 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease & Auricular Fibrillation | 8/14/54 |
| | (c) Generalized Arteriosclerosis | 8/16/54 |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1954, to Aug 17, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M.D. ADDRESS Mt. Rainier, Md DATE SIGNED Aug 18 1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 8-20-54 | NAME OF CEMETERY OR CREMATORY Mt. Calvary | LOCATION (City, town, or county) (State) Forestville Md.

DATE REC'D BY LOCAL REG. 8/18/54 | REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St NW

RECEIVED
AUG 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17761)

7804 CERTIFICATE OF DEATH Reg. Dist. No. 342

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside. LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1108 - 56th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside.
STREET ADDRESS (If rural give location) 1108 - 56th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Etta (Last) Dolphin
4. DATE OF DEATH: (Month) Aug. (Day) 6, (Year) 1954.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 7, 1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): A-wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UnKnown.
14. MOTHER'S MAIDEN NAME: UnKnown.
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Louis Smith Dolphin Husband, 1108-56th Ave, Hillside, Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Heart Failure | 6 months |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Coronary + arteriosclerotic Heart Disease | 1+ year |
| | (c) DUE TO | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Hypertension - old well treated | |

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT — SUICIDE — HOMICIDE — (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to 8-6, 19 54, that I last saw the deceased alive on 8-4, 19 54 and that death occurred at 4:35 PM; from the causes and on the date stated above.

SIGNATURE (Degree or title) Luther S. Blume M.D. ADDRESS 1601 argonne pl. n.w. DATE SIGNED 8-6-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 8/10/54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1954 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07761

7769

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERDALE
LENGTH OF STAY (in this place) 8 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4909 RAVENSWOOD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY PR. GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERDALE
STREET ADDRESS (If rural give location) 4909 RAVENSWOOD RD.

3. NAME OF DECEASED: (Type or Print) (First) CYRUS (Middle) M. (Last) DUNGWAY

4. DATE OF DEATH: (Month) AUG (Day) 6 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: ABOUT 1879
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MRS. KATHERINE BRINSFIELD - 4909 RAVENSWOOD RD. RIV. MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio-Vascular - Nephro Sclerosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 3 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July 1954 to 6 Aug 1954 that I last saw the deceased alive on 5 Aug 1954 and that death occurred at 11 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 6 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8/8/1954
NAME OF CEMETERY OR CREMATORY MISKIMON CEMETERY
LOCATION (City, town, or county) (State) MISKIMON, NORTHUMBERLAND CTY VA.

DATE REC'D BY LOCAL REGISTRAR Aug 6 1954
REGISTRAR'S SIGNATURE Mrs Jas Severe Deputy Local
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS RIVERDALE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

7805 07762

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24-2

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac River

LENGTH OF STAY (in this place) Transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS near Oxon Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Arlington

STREET ADDRESS (If rural, give location) 724 North Ivy

3. NAME OF DECEASED: (Type or Print) (First) Carlyn (Middle) Marion (Last) Edwards

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/10/46

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Arlington, Va

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert L. Edwards

14. MOTHER'S MAIDEN NAME: Bethiah Stanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Clifford S. Ford, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Due to drowning DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death

21c. (City or town) Oxon Hill (County) Prince George's (State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 9 (Year) 54 (Hour) 7:00P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell in water

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8-13-54 NAME OF CEMETERY OR CREMATORY National Memo. Pk. LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REG. Aug 10-1954 REGISTRAR'S SIGNATURE Edna F. [signature] 24. FUNERAL DIRECTOR Money & King ADDRESS Vienna Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG 16 1954

BUREAU V

MARYLAND 7770 07763

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6107 Lambert St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) B. (Last) Eskin
4. DATE OF DEATH (Month) Aug. 8 (Day) (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH May 25 1888
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Grocer
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob
14. MOTHER'S MAIDEN NAME Leah ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lena Eskin wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 6 hrs

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — 5 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1954, to Aug 8, 1954 that I last saw the deceased alive on Aug 8, 1954, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE Norman Wurst Corman (Degree or title) M.D. ADDRESS 3503 Perry St Mt Rainier Md. DATE SIGNED 8/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremated
DATE Aug 10 - 1954
NAME OF CEMETERY OR CREMATORY Mt Mem Park Cm
LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REG. Aug 8 - 1954
REGISTRAR'S SIGNATURE Amanda Dooney
24. FUNERAL DIRECTOR B. Lanzansky Son ADDRESS 3101 - 111 St NW Wash DC

Coroner Dr J. MALONEY notified. Body released.

[illegible]

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BUREAU V. S.

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Item 18 Fi... 9170A 10-4-54 ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5608-36th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5608-36th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Weston (Last) Fields.
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-10-06
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cattlesplicer
10b. KIND OF BUSINESS OR INDUSTRY: Pepco
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Fields
14. MOTHER'S MAIDEN NAME: Annie Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-09-3960
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pending lab examination
DUE TO no additional information at this time
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment
DATE THEREOF Sept 2, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REG. Sept. 2, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Reg.
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07765

# 7771 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 5212 Huron St

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Carolyn (Last) Finneran
4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 8, 1896
9. AGE last birthday: 57 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: thomas Silman Jordan.
14. MOTHER'S MAIDEN NAME: Carolyn Aires

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition + cardiac failure — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Extensive carcinomatosis - origin unknown — 6-7 mo.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive pleural effusion - repeated Chest taps

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1954, to 8-12, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 8 45 AM, from the causes and on the date stated above.

SIGNATURE R. W. Wilkinson MD (Degree or title) ADDRESS Riverdale Md. DATE SIGNED Aug 13. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF August 16/1954
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Hyattsville (State) Maryland
DATE REC'D BY LOCAL REGISTRAR August 13" 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Reg.
24. FUNERAL DIRECTOR J. Arthur Walters By Day
ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5110 - 42nd Ave

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) (Last) Fitzhugh

4. DATE OF DEATH (Month) (Day) (Year) Aug - 27 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 3? 1882
9. AGE last birthday: ~~79~~ ? 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) (b) Shock & exhaustion
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Fracture of right femur

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic valvular heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Hyattsville (County) Pr. Geo (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-17-54 P M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Fell to floor - spontaneous fracture

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney Hyattsville, Md M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/30/54
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) Washington, (State) Va

DATE REC'D BY LOCAL REG. Aug 28/1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7773

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07767

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Maryland COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural give location) 8 Marthen ST

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Fitzpatrick

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 3 Aug 54. | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 10 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John. FitzPatrick

14. MOTHER'S MAIDEN NAME: Virginia Quigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSE (B) DUE TO PREMATURE BABY (6 MONTHS)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1954, to Aug 3, 1954, that I last saw the deceased alive on Aug. 3, 1954, and that death occurred at 5:45 P M, from the causes and on the date stated above.

SIGNATURE Max M. Horsberg M. D. ADDRESS DATE SIGNED Aug 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 5th 54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) Washington Co. (State)

DATE REC'D BY LOCAL REGISTRAR 8/4/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Jas T. Ryan Inc. ADDRESS 317 Pa Ave S.E.

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MARYLAND 7774

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 4 yrs. 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2411 California St. N.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) PAULINE (Last) FLANNERY
4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~. (Specify)
8. DATE OF BIRTH: 1-7-1878
9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Flannery
14. MOTHER'S MAIDEN NAME: Margaret Elizabeth O'Reilly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): Unknown — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: C. F. Aiello, Hibbs Bldg. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Chronic Myocarditis | Several Years |
| Antecedent cause(s) | (b) Pulmonary Hypostatic Congestion | 2 weeks |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) General & Cerebral Arteriosclerosis | Several Years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28-, 19 54 to 8-9-, 19 54, that I last saw the deceased alive on 8-9-, 19 54, and that death occurred at 1:55 P. m., from the causes and on the date stated above.

SIGNATURE: James P. Sands, M.D. (Degree or title) ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 8-9-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 11 1954
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Laurel Maryland

DATE REC'D BY LOCAL REG.: Aug 10-54
REGISTRAR'S SIGNATURE: M. Beach Reed
24. FUNERAL DIRECTOR: W. W. Randolph
ADDRESS: Laurel Md

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7775 07769

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville
STREET ADDRESS (If rural give location) 5804-Queens Chapel Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) S. (Last) Foraker
4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 4-1869
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William P. Rhein
14. MOTHER'S MAIDEN NAME: Elizabeth Rhein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Clay Whiteford - Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Insufficiency

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Head of Pancreas

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Aug 5 1954 that I last saw the deceased alive on 8-7, 1954 and that death occurred at 3 20/17 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hyattsville Md DATE SIGNED 8-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 5, 1954
NAME OF CEMETERY OR CREMATORY Odessa Methodist Cem.
LOCATION (City, town, or county) (State) Odessa - Dela.

DATE REC'D BY LOCAL REGISTRAR 8-3-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR G. Lester Daniels - Middletown, Dela

3796 M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-5

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AUG 5
BUREAU V. S.

7806

07770

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill

LENGTH OF STAY (in this place) Transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arlington

STREET ADDRESS (If rural, give location) 724 North Ivy

3. NAME OF DECEASED: (Type or Print) (First) Bethiah (Middle) Jane (Last) Ford

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12/4/24

9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Fuel Company

11. BIRTHPLACE (State or foreign country): Brocton, Mass.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ralph O. Stanton

14. MOTHER'S MAIDEN NAME: Olive H. Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-28-5114

17. INFORMANT & ADDRESS: Clifford S. Ford, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Due to drowning

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Place of death

21c. (City or town) Oxon Hill (County) Prince George's (State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 9 (Year) 54 (Hour) 7:00P

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell in Potomac River

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Ford M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-13-54

NAME OF CEMETERY OR CREMATORY National Memo Pk

LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REG. Aug 10-1954

REGISTRAR'S SIGNATURE Edna F. Colinic

24. FUNERAL DIRECTOR Money & King ADDRESS Vienna Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG 16 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07771

7807 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is specially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 905 N. H. Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First) CURVIN (Middle) ROBERT (Last) Fortune
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Widowed | 1/16/1901 | 53 yrs. | 7 | 6 | — | — |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window Washer District Window Washing Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert B. Fortune
14. MOTHER'S MAIDEN NAME: Rose Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 578-07-0070
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
162.X
Immediate cause (a) Bronchogenic Carcinoma, Right Lung — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
002.X1
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 4yrs 2 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.11., 1950., to 8.22., 1954., that I last saw the deceased alive on 8.22., 1954., and that death occurred at 8.30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Daniel Le Jeune MD Glenn Dale Md. 8/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-26-54
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 8/27/54
REGISTRAR'S SIGNATURE Alice Green
24. FUNERAL DIRECTOR Amhrose B Boyd
ADDRESS 1238 20th St N.W. Washington, D.C.

RECEIVED
AUG 31 1954
BUREAU

MARYLAND : 7776

07772
STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
STREET ADDRESS (If rural, give location) 4819 Jodick Lane

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Frohlich (Frohlich)
4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 23 Jan 1890
9. AGE last birthday 64 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Truck farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Geo. H. Frohlich
14. MOTHER'S MAIDEN NAME Sophia Kuper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Sarah Frohlich Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach with metastasis.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....
(c) ....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy with chronic nephritis

19a. DATE OF OPERATION Very little in months
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19 ....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jerrold G. Berman M.D. ADDRESS 915 - 19th St. N.W. DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 8/28/54
NAME OF CEMETERY OR CREMATORY Mt. Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 8/27/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Davis Sons
ADDRESS Hyattsville, Md.

7777 MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

07773

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville (University Park)
STREET ADDRESS (If rural, give location): 6512 Queens Chapel Road

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) (NMN) (Last) GINTER

4. DATE OF DEATH: (Month) August (Day) 10th, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 21/70

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Prussia (Europe)

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Blanche M. Tushek 6512 Quuens Chapel Rd Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exhaustion

(c) Fracture of pelvis (ischiadramus left)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Hyattsville (COUNTY): Pr. Geo. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-16-54-9 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney (Degree or title): M.D. Dep. Med. Exam. ADDRESS: Hyattsville, Md. DATE SIGNED: 8-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/14/1954

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG.: 8/12/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. W. Chambers Company ADDRESS: Riverdale, Md.

AUG 16 1954
BUREAU V. S.

7808

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07774

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Prince Geo's. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights | LENGTH OF STAY (in this place) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills |
| | STREET ADDRESS (If rural, give location) 4806 - 1 - ST SE |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | U. | Gladmon | Aug. | 19 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | May 3 1886 | 68 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | D.C. Police Dept. | Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Ace Gladmon | Virginia Gulo |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Esther Gladmon - 4806 1 St SE Bradbury Heights |

## 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Occlusion | 1 hour |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Heart Disease | 15 yrs. |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from May, 1949., to 19 Aug., 1954., that I last saw the deceased alive on 17 Aug., 1954., and that death occurred at .....m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James D. Traglia | M.D. | 4900 Powder Rd SE | 19 Aug 54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Aug 21-54 | Cedar Hill | Hartland | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug. 20-54 | Edna F. Gelbert | Simmons Bros. - 1661 - | Washington, D. C. |

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BUREAU V. S.

Film #G169 Item # 7
8/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

7749

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

07775

Reg. Dist. No. 230

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colmville Rd & Penn St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (Or rural, give location) Colmville Rd & Penn St

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Gordon

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1858 ?

9. AGE last birthday: About 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyde Comstead

14. MOTHER'S MAIDEN NAME: Harriet ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harriet Lee (Niece) Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Deputy Medical Examiner Hyattsville Md 8-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-9-54 — NAME OF CEMETERY OR CREMATORY Payne — LOCATION (City, Town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 8/7/54 — REGISTRAR'S SIGNATURE Amanda Lamy

24. FUNERAL DIRECTOR: FRAZIER'S FUNERAL HOME — ADDRESS 389 R.I. Ave. N.E. D.C.

AUG 16 1954

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07776

7778

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) approx. 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaetorda Nursing Home 2601 - Cheverly Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Calif. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) San Fernando
STREET ADDRESS (If rural give location) 229 - Harps Street 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C. (Last) Gullia

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Nov. 27th 1875
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gaspare Cannizzaro
14. MOTHER'S MAIDEN NAME: Grace Martino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Jean de Gaetano Dahlgren, Va. U.S. Naval Proving Grounds

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42

IMMEDIATE CAUSE (A) Cardiac Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Arteriosclerotic Heart Disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 3 Cerebral Vascular Accidents

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to August, 1954, that I last saw the deceased alive on Aug. 15, 1954, and that death occurred at 12 Noon M, from the causes and on the date stated above.

SIGNATURE David Lenardizzi
ADDRESS M.D. 2901 Fairlawn St Hillcrest Heights Md.
DATE SIGNED 8/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/25/54
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-25-1954
REGISTRAR'S SIGNATURE: Geo. Severe Deputy Amanda Downey
24. FUNERAL DIRECTOR: Nalley's Funeral Home, Inc. ADDRESS: 3200 - R. I. Ave. Mt. Rainier, Md.

VS. A15 — 10 -

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Cheverly
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. — COUNTY: Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Bladensburg.
STREET ADDRESS (If rural, give location): 5221 - Varnum St.

**3. NAME OF DECEASED:** (Type or Print) (First) Robert (Middle) Jeffries (Last) Hare

**4. DATE OF DEATH** (Month) (Day) (Year): 8 - 2 - 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH:** 12-25-17

**9. AGE last birthday:** 36 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Steam Fitter

**10b. KIND OF BUSINESS OR INDUSTRY:** Heating

**11. BIRTHPLACE** (State or foreign country): North Carolina

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** David J. Hare

**14. MOTHER'S MAIDEN NAME:** Ossie J. Jeffries

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** 222 N. Glebe Rd James H. Hare - Arlington, Va.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracerebral hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Extensive human fracture of skull.

DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY: Tavern

**21c.** (City or town) Brentwood — (County) Pr. Geo — (State) Md.

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY: 7-29-54 1.55 P.M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** Apparently fell down stairs.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: 8-2-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE: Aug 4/1954

THEREOF — NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Aug 3, 1954

REGISTRAR'S SIGNATURE: Amanda Downey

**24. FUNERAL DIRECTOR** F. Gracie Sons

ADDRESS: Hyattsville, Md

VS. A15A - 5 - 53

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7809 MARYLAND STATE DEPARTMENT OF HEALTH 07778

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Item 9, FilmG170A 9-23-54 et

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hts
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 - K. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 6000 K. Street.

3. NAME OF DECEASED (Type or Print) (First) Henrietta (Middle) (Last) Harris

4. DATE OF DEATH (Month) (Day) (Year) 8-20-1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 18, 1880
9. AGE last birthday 1141 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Lucy Stoke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rosa Pair - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md 8-20-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug 20 1954 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Wash D.C.

DATE REC'D BY LOCAL REG. Aug 20 REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR H. S. Washington Sons ADDRESS 467 N 5th St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (07779)

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# CERTIFICATE OF DEATH

Reg. Dist. No. .....

**1. PLACE OF DEATH:**

COUNTY Prince George — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glass Manor | LENGTH OF STAY (in this place) 8 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Prince Geo.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glass Manor

STREET ADDRESS (If rural give location) 5022 Neptune Ave.

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARY | MADELINE | HOBBS | Aug. | 1st. | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | white | Widowed | Sept. 28. 1902 | 51 yrs | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Housewife | At Home | Penna Roosevelt | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Du Long | Annie Dourette |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No None | 579-28-3861 | Priscilla A. Bradshaw (Daughter) Edgewater md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Broncho pneumonia.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Metastatic carcinoma of sternum, right femur

DUE TO (c) Adeno carcinoma of left breast.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis bilateral.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 2, 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at home 5 a.m. Aug. 1, 1954, from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dr. Etienne Gelin | M.D. | 2 Parkway N. Forest Hgts. Md. | Aug. 1. 1954 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 8/4/54 | Wash. Mem. Pk. | Southend | Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 3. 1954 | Carrie S. Campbell | W. W. Chambers Co. | 517 11th St. S.E. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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**MARYLAND** STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 7 Film G169 9-7-54 ot

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsky
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PR. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (D. C.) Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Friendly
STREET ADDRESS (If rural, give location) 9310 Old Fort Rd. S.E

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) — (Last) Hollenbach

4. DATE OF DEATH: (Month) Aug. (Day) 25, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 20, 1872

9. AGE last birthday: 82 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Frank Hollenback

14. MOTHER'S MAIDEN NAME: Annie Bitne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mary L Hollenback, Washington D.C.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction with Shock. — Interval Between Onset and Death: 5 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute Renal Insufficiency. — 5 days.

(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1954, to Aug 25, 1954, that I last saw the deceased alive on Aug 24, 1954, and that death occurred at 1 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Mueller M.D. — ADDRESS Mt. Rainier Md — DATE SIGNED Aug 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/27/54 — NAME OF CEMETERY OR CREMATORY: St Johns Church Cemetery — LOCATION (City, town, or county) Broad Creek (State) Md

DATE REC'D BY LOCAL REG. 8/27/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F Gaschs Sons — ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) one hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen'l Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 214-20 th st N.E

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Lee (Last) Howdyshell
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec 29, 1916
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wilfree F. Howdyshell
14. MOTHER'S MAIDEN NAME: Lucretia Loan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW 11
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lucretia Howdyshell, New Castle, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 815 >

Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of base of skull crushed
DUE TO
(c) chest, Compound comminuted fracture of left leg

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, stress, office bldg., etc., INJURY) Route 202
21c. (City or town) Upper Marlboro (County) P.G. (State) Md
21d. TIME OF INJURY (Month) Aug (Day) 9 (Year) 54 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Operator of motor cycle in a collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M. D.
CHIEF MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 11, 1954
NAME OF CEMETERY OR CREMATORY Huffman Memorial Cemetery
LOCATION (City, town, or county) Craig Co. (State) Va

DATE REC'D BY LOCAL REG. 8/8/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07785

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# CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville, Md.
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Bell's Nursing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville, Md.
STREET ADDRESS (If rural, give location) 6403 Ager Road Green Meadows, Md.

**3. NAME OF DECEASED:** (Type or Print) (First) Robert (Middle) B. (Last) Johnson, Jr.

**4. DATE OF DEATH:** (Month) Aug (Day) 9 (Year) 1954

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** single

**8. DATE OF BIRTH:** May 28, 1954

**9. AGE last birthday:** yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none

**10b. KIND OF BUSINESS OR INDUSTRY:** none

**11. BIRTHPLACE** (State or foreign country): Burtonwood, England

**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13. FATHER'S NAME:** Robert B. Johnson

**14. MOTHER'S MAIDEN NAME:** Mary A. Estes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT & ADDRESS:** Mrs. Thelma Bell 6403 Ager Road, Green Meadows, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Meningocele (Spinal) | at birth |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Spina bifida | " |
| | (c) DUE TO | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE (Specify)** **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1954, to 8/9, 1954, that I last saw the deceased alive on 7/30, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Herbert D. Glick M.D. 8301 Piney Branch Rd - Sil. Spr, Md 8/9/54

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial **DATE THEREOF** 10-11-54 **NAME OF CEMETERY OR CREMATORY** Arlington National **LOCATION (City, town, or county)** Arlington **(State)** Va.

**DATE REC'D BY LOCAL REG.** Aug 13 1954 **REGISTRAR'S SIGNATURE** Mrs. Jas. Beverly Duty (Local Reg.) **24. FUNERAL DIRECTOR** B. Bowie's Sons **ADDRESS** Hyattsville, Md.

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BUREAU V. S

Film G169, Item 8, 8-30-54, et 7811

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
LENGTH OF STAY (in this place) 37 yea
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4905 S St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural, give location) 4905 S Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Jefferson (Last) Jones
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 15 1878
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jones
14. MOTHER'S MAIDEN NAME: Barbara Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 3407 Southern Ave SE Thomas Jones Washington 23, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug. 21 54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. Aug. 19-1954
REGISTRAR'S SIGNATURE [signature] Carrie F. Campbell
24. FUNERAL DIRECTOR Simmons Bros
ADDRESS 1661 gd Hope Rd Wash, D.C. SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07787

# 7782 CERTIFICATE OF DEATH

Reg. Dist. No. 24 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradbury Hgts -
STREET ADDRESS (If rural give location) 5118 Byers St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Victor (Last) LAGANA

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-9-54

9. AGE last birthday yrs. | IF UNDER 1 YEAR Months [redacted] Days 25 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: NONE.

11. BIRTHPLACE (State or foreign country) PRINCE Geo MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Daniel LAGANA

14. MOTHER'S MAIDEN NAME: Echelene M. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: 511-BYERS ST MD. DANIEL LAGANA BRADBURY Hgts

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metabolic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Cachexia, Malnutrition & Dehydration 5+ days

(C) Improper Feeding 5 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 19 54, to Aug 6, 19 54, that I last saw the deceased alive on Aug 6, 19 54, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE William R. Schmitz Jr M.D. ADDRESS 7306 Forest Rd DATE SIGNED Aug 6, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF Aug-9-54 | NAME OF CEMETERY OR CREMATORY CEDAR Hill Cemetery | LOCATION (City, town, or county) (State) SUITLAND Prince Geo MD

DATE REC'D BY LOCAL REGISTRAR 8/9/54 | REGISTRAR'S SIGNATURE [redacted] | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Wash. D.C.

20442 25383

AUG 11 ..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07788

# 7783 CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale — LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carter's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale
STREET ADDRESS (If rural, give location) Carters Lane.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Virginia (Last) Lee

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1882

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George King

14. MOTHER'S MAIDEN NAME: Virginia Lane.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Viola Bailey - 2007 Madison N.E. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Exhaustion | |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic valvular heart disease | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville, Md. 8-8-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 8/8/54 | Mt. Olivet Cemetery | Mt. Olivet Rd. N.E. Wash. D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/8/54 | Amanda Downey | R. E. Murray | 1337 10th St N.W. Wash D.C. |
| 8/12/54 | Mrs. Jas. Downey Deputy Reg. | | |

AUG 1[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 7812 CERTIFICATE OF DEATH

07789

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: D. C. COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 220 10th St., N. E.

**3. NAME OF DECEASED:** (First) Harry (Middle) (Last) Liverpool

**4. DATE OF DEATH:** (Month) August (Day) 22 (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** 11/6/1890

**9. AGE last birthday:** 63 yrs. IF UNDER 1 YEAR: Months 9 Days 16 IF UNDER 24 HRS.: Hours — Min. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Bus boy

**10b. KIND OF BUSINESS OR INDUSTRY:** Unknown

**11. BIRTHPLACE** (State or foreign country): Washington, D. C.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Jim Liverpool

**14. MOTHER'S MAIDEN NAME:** Georgia Hart

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY NO.:** 579-18-2627

**17. INFORMANT & ADDRESS:** Decedent

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: one month

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-54 19..... to 8-22-54, 1954, that I last saw the deceased alive on 8-22-54, 1954, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Daniel Lee Pinicano M.D., Glenn Dale, Md. 8/22/54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Removal — DATE THEREOF 8/29/54 — NAME OF CEMETERY OR CREMATORY: Dy Med. Columbia Morgue — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 8/27/54 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** — ADDRESS

Daniel Lee Pinicano M.D. Glenn Dale Md.

RECEIVED
AUG 31 1954
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

7813

2411 N. Charles Street, Baltimore

07790

# CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4480 St. Barnabas Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4480 St. Barnabas Rd.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Ambler (Last) Lucas
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 26, 1874
9. AGE last birthday 80 yrs. If under 1 year Months [redacted] Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Lucas
14. MOTHER'S MAIDEN NAME [redacted] Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. George E. Clifton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) ~~[illegible]~~ Chronic Uremia | 2 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerosis, generalized | 20 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John T. Lynn, Jr. M.D. ADDRESS 5440 Silver Hill Rd DATE SIGNED 8/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Aug 20 54
NAME OF CEMETERY OR CREMATORY Forest Lawn
LOCATION (City, town, or county) Richmond (State) Va.
DATE REC'D BY LOCAL REG. Aug. 20 54
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Simmon's Bros. ADDRESS Anacostia

(over)

1261 - [illegible] Hope Rd SE Wash D.C.

Dr. Maloney, Cheverly, Md.,
authorized & informed me
that it would be proper for
me to attend to this
matter in the absence of the
Coroner & attending physician, Dr. Boyd.
Respectfully,
John T. Lyon Jr. M.D.

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08686

: 7784

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural give location) 1300 - 33rd Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) girl (Last) Marsh

4. DATE OF DEATH. (Month) Aug. (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 7/4/54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 29 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: JOANN Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Prematurity; marked emaciation and

DUE TO

(B) dehydration with hepatomegaly with bile retention.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1954, to 8/4, 1954, that I last saw the deceased alive on 8/4, 1954 and that death occurred at 2:35 A M, from the causes and on the date stated above.

SIGNATURE Jerrold C. Tarson

ADDRESS M. D. 5301 Hamilton St. Hyattsville Md.

DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 9/7/54

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/13/54

REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Henry W Penn Jr. Supt.

ADDRESS

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07791

7814

# CERTIFICATE OF DEATH

Reg. Dist. No. 241

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 54

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANHAM
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANHAM MD
STREET ADDRESS (If rural give location) FINS LANE

3. NAME OF DECEASED: (Type or Print) (First) EMILIO (Middle) G (Last) MATTERA

4. DATE OF DEATH: (Month) AUG (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: FEB. 12 1894

9. AGE last birthday 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER

10B. KIND OF BUSINESS OR INDUSTRY: OWNER

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VINCENZO MATTERIA

14. MOTHER'S MAIDEN NAME: FRONCE MATTERIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Vincent Matteria Fins Lane Lanham Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8-31-54.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis Gen.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1952 to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED: Donald Magruder, M. D. 3717-38th St. 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Buried

DATE THEREOF: 9/3/54

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln

LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-31-1954

REGISTRAR'S SIGNATURE: Amanda Rooney

FUNERAL DIRECTOR AND ADDRESS: J. W. Lee - Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07794

7815 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisdale
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisdale
STREET ADDRESS (If rural give location) 2004 Avalon Pl.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) D. McIntosh (Last)
4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-8-1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sharpesburg Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Henry
14. MOTHER'S MAIDEN NAME: Mary E. Linsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lucy C. McIntosh, Lewisdale Md 2004 Avalon Pl

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 5 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Aug 19, 1954, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at Aug 19 1954, from the causes and on the date stated above.
* approx 4 to 5 am - pronounced dead 8 am 8/19/54

SIGNATURE (Degree or title) Dwayne Glickfield MD — ADDRESS 6826 Riggs Rd Hyattsville Md — DATE SIGNED Aug 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-21-54 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8-19-54 — REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Registrar — 24. FUNERAL DIRECTOR The S. H. Hines Co — ADDRESS 2901 - 14th St. N.W. Washington D.C.

* The deceased has been seen on repeated occasions since 11/17/52 - in an unofficial capacity and appeared in relatively good health.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07795

7785 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH: Prince Georges COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural give location) 204 Homberg Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Orith (Last) McKay
4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/21/1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Own Home
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Pierce Walker
14. MOTHER'S MAIDEN NAME: ~~Nettie Orith Walker~~ Mary Julia Cottle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Harold A. McKay 5122 Cuttendon St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hemorrhage and Shock — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Heart Disease — 5 Mo

DUE TO (c) Arteriosclerotic Heart Dis — 8 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1946, to Aug 14, 1954, that I last saw the deceased alive on Aug 13, 1954, and that death occurred at 5 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD
ADDRESS Riverdale, Md
DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/17/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 17 Aug. 54
REGISTRAR'S SIGNATURE Mrs. Jas. E. Severe mnt
24. FUNERAL DIRECTOR F. Gascha Sons
ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07797

7757

# CERTIFICATE OF DEATH

Item 7,8 film G168A 8/10/54 cm

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4215-30th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 4215-30th Street

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) F (Last) Morina

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 82 Oct 14/83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Woodward & Lothrop
11. BIRTHPLACE (State or foreign country): Sicilly, Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Morina
14. MOTHER'S MAIDEN NAME: Sarafina April

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-01-5101
17. INFORMANT & ADDRESS: Sarah Caputa 406 E. Capitol St. Wash. D.C. (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Toxemia and inanition | 6 mos. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Metastatic carcinoma of liver | 7 mos. |
| | DUE TO (c) Primary carcinoma of rectum | 9 mos. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 6, 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum with metastasis to liver
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Aug 2, 1954, that I last saw the deceased alive on Aug 1, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.
SIGNATURE Ralph J. Cole (Degree or title) M.D. ADDRESS 5718 Chillum Hgts. Dr. DATE SIGNED Hyattsville Md. Aug 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-5-1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 5-1954
REGISTRAR'S SIGNATURE Mrs. Jas Severet Deputy Registrar
24. FUNERAL DIRECTOR ADDRESS Walley's Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Deceased had been treated normally by Dr. Samuel J. N. Sugar 4300 Hazywood Drive Mt. Rainier, Md who was on vacation at time of death.

R.J. Cole M.D.

BUREAU V. S
AUG 6 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07798

7816 **CERTIFICATE OF DEATH** Reg. Dist. No. 241

1. PLACE OF DEATH: 6809 - F St., SEAT PLEASANT
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEAT PLEASANT
LENGTH OF STAY (in this place) 5½ MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6809 F st

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE PA COUNTY York
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YORK CITY
STREET ADDRESS (If rural give location) 339 - SMYSER ST.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) JULIA (Last) MORROW

4. DATE OF DEATH: (Month) AUG. (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: WH.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 4-29-1874
9. AGE last birthday 80 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): YORK, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~GUY E.~~ CHANNING PICKING
14. MOTHER'S MAIDEN NAME: CHRISTIANA KLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ralph B. Morrow Seat Pleasant Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY FAILURE
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CARDIO-VASCULAR ACCIDENT
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: MAY, 1954

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1954, to AUG., 1954, that I last saw the deceased alive on AUG. 5, 1954, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE Max M. Herzberg, M.D. ADDRESS M.D. 7016 - GREIG ST. DATE SIGNED 8-6-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 9, 1954
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) York Pa (State)

DATE REC'D BY LOCAL REGISTRAR Aug 6, 1954
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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AUG 16 1954
BUREAU V. S.

: 7786 07799

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood, Md
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4017 Utah Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4017 Utah Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Mullen

4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 9, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Robertson Wing Co
11. BIRTHPLACE (State or foreign country): Fredericksburg, Va
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: George Mullen
14. MOTHER'S MAIDEN NAME: Lydia Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-07-2175
17. INFORMANT & ADDRESS: Mary F. Mullen - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/11/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Aug. 10, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe
24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc.
ADDRESS 3200 - R. I. Ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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7787

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
LENGTH OF STAY (In this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5423 56th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS 5423 56th Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amy (Middle) Elizabeth (Last) Murphy
4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 7 1894
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk ~~house wife~~
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H. Lawrence
14. MOTHER'S MAIDEN NAME Mary E. Kepner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Sister Mrs Helen D. Wheelock (Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia - Congestive Heart Failure | 3 mos |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Disease | 1 year |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitis — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/54, 19..., to 8/11, 1954, that I last saw the deceased alive on 8/3, 1954, and that death occurred at 2:15 PM m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Chesapeake Md. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 8/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/1954
NAME OF CEMETERY OR CREMATORY Columbia Gardens Com.
LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REG. Aug. 13 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Lovere / Deputy Registrar
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 16 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 7754 CERTIFICATE OF DEATH

Reg. Dist. No. 07801

1. NAME OF DECEASED (Type or Print): Katherine M. Nixon

2. DATE OF DEATH: Aug. 12, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland Prince George, Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6104 - 43rd. Ave. Hyattsville, Md.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Prince George
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyattsville,
D. STREET ADDRESS (If rural, give location): 6104 - 43rd. Ave.

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | If Under 1 Year: Months / Days | If Under 24 Hours: Hours / Min. |
|---|---|---|---|---|---|---|
| female | white | Widow | Oct. 8, 1878 | 75 | | |

| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | at home | Balto. Md. | U. S. A. |

13. FATHER'S NAME: Michael Finn

14. MOTHER'S MAIDEN NAME: Annie Smith

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
|---|---|---|
| no | none | Mrs. Katherine Mauser, Hyattsville, Md. |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive and arteriosclerotic cardiovascular disease — 15 yrs.
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

STRUCK BY OR CONTRIBUTING CAUSE OF DEATH

| 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
|---|---|---|
| m. | WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |

22. I hereby certify that I attended the deceased from 6-15, 1954 to 8-12, 1954 that I last saw the deceased alive on 8-11, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

| 23A. SIGNATURE | 23B. ADDRESS | 23C. DATE SIGNED |
|---|---|---|
| R. L. Bauer M. D. | Hyattsville, Md. | 8-12-54 |

| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug. 16, 1954 | Cathedral Cemetery | Baltimore, Md. |

| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8-14-54 | RW | Verna Lemmon | 4611 Park Heights Ave. |

PLEASE WRITE PLAINLY, UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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VS. A15—10-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07802

# 7817 CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLCREST HGTHS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5306 26th Av

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P.G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLCREST HGTHS
STREET ADDRESS (If rural give location) 5306 26th Av

3. NAME OF DECEASED: (First) IDA (Middle) E (Last) OLIVER
4. DATE OF DEATH: (Month) AUG (Day) 9, (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | SEPT 25 1867 | 86 yrs | | | | |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WELCOME MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES LACEY
14. MOTHER'S MAIDEN NAME: NANCY SLAVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. BLANCHE JENKINS 3306 26 Ave Hillcrest Hgths Md

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Arteriosclerotic heart disease | 1 year |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) General arteriosclerosis | 9 years |
| | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

420.6

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1946, to Aug 9, 1954, that I last saw the deceased alive on Aug 9, 1954, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Poe M.D. ADDRESS 639 East Capitol St DATE SIGNED Aug 9 '54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF Aug. 11 1954
NAME OF CEMETERY OR CREMATORY Mt Rest Cemetery
LOCATION (City, town, or county) (State) La Plata, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 10-54
REGISTRAR'S SIGNATURE Lorrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chamberlain Co. ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

Item 18 Film 0169 9-2-54 ams 7755 07803

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2800 Block Hamilton St., Hyattsville, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.

STREET ADDRESS (If rural, give location) 1809 - Otis Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) Wesley (Last) Parnelle

4. DATE OF DEATH (Month) Aug. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-28-09

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Owner Gasoline Serv. Sta.

10b. KIND OF BUSINESS OR INDUSTRY: Gasoline

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Calvin

14. MOTHER'S MAIDEN NAME: Emma Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: J77-09-2647

17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pending Lobar pneumonia DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 23, 1954

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town or county) suitland Md (State)

DATE REC'D BY LOCAL REG. Aug 23 1954

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR Gascha Sons, Hyattsville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG 25
REAU V. S.

07804

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7818 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: 2601 Cheverly Ave.
COUNTY Prince George MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacorda Rest Hom

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
STREET ADDRESS (If rural, give location) 4104 28th St.

3. NAME OF DECEASED: (Type or Print) (First) LARKIN W (Middle) (Last) PERRY
4. DATE OF DEATH: (Month) AUG. (Day) 6 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Oct. 24, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fredericksburg, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Margaret Donnellan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Arteriosclerosis c̄ prev. L residual hemiplegia
DUE TO
(c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 1/2-1-2 hr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 yrs., 1951 to 8/6/, 1954, that I last saw the deceased alive on 8/2/, 1954, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE Chas. H. Wolohon, (DEGREE OR TITLE) M.D. ADDRESS 500 Underwood St. N.W. Wash. D.C. DATE SIGNED 8/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/10/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Wash. D.C. (State) 8/6/54

DATE REC'D BY LOCAL REG. 8/6/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Leis Sons Co. ADDRESS 300 4th St. NE. WASH. D.C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND 7788

07805

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 6 hrs. [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 5 R 36 - 33rd. Place

3. NAME OF DECEASED (Type or Print) (First) Jeffrey (Middle) Albert (Last) Porter

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1954

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Aug. 9. 1954

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs Hours 6 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Arnold Porter

14. MOTHER'S MAIDEN NAME Matilda Jane Hasty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mother - Mrs. Matilda [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Ernest J. Parent (Degree or title) MD ADDRESS 6220 Ager Road W. Hyattsville DATE SIGNED 8/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/10/54 NAME OF CEMETERY OR CREMATORY F. F. Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Aug. 10, 1954 REGISTRAR'S SIGNATURE Mrs Jas. Devere Deputy Local

24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

7819

07806

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 2 years
HOSPITAL/OR INSTITUTION OR STREET ADDRESS 4401 Covington Street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4401 Covington Street

**3. NAME OF DECEASED: (Type or Print)** (First) Mary (Middle) Elizabeth (Last) Pumphrey

**4. DATE OF DEATH** (Month) Aug (Day) 27 (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** Nov 14 1878

**9. AGE last birthday:** 75 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** Amer Alfred Fanhan

**14. MOTHER'S MAIDEN NAME:** Laura Virginia Kidwell

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** John E. Bowman, same address

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular renal disease

(c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Amer A Fanhan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/29/54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF August 30-54

NAME OF CEMETERY OR CREMATORY St Barnabas

LOCATION (City, town, or county) (State) Oxon Hill Md

DATE REC'D BY LOCAL REG. Aug 28-54

REGISTRAR'S SIGNATURE Edward F. Callum

**24. FUNERAL DIRECTOR** Simmons Bros

ADDRESS 1661 Good Hope Road S.E. Wash. D.C.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07807

# CERTIFICATE OF DEATH

7820

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Glenn Dale, Md. — LENGTH OF STAY (in this place): 2 mos., 17 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: D. C. — COUNTY: —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 620 Eye St., N. W.

| 3. NAME OF DECEASED: (First) (Middle) (Last) | 4. DATE OF DEATH: (Month) (Day) (Year) | 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|---|---|
| LOUIE YEE QUONG | Aug 5th 1954 | Male | Chinese | Married | 3/6/82 | 72 yrs. | — / — | — / — |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker

10b. KIND OF BUSINESS OR INDUSTRY: 4000 Wisconsin Ave., N.W.

11. BIRTHPLACE (State or foreign country): San Francisco, Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louie Dik Haw

14. MOTHER'S MAIDEN NAME: Eng See Quong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Decedent

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Bronchogenic carcinoma of left lung — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: 8 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1954, to Aug 5th, 1954, that I last saw the deceased alive on Aug 5th, 1954, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Daniel Leo Finucane M. D. Glenn Dale Hospital Glenn Dale, Md. 8/5/54

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 8-7-54 | G. Washington Memorial Cemetery | Hyattsville Md. |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/5/54 | Noel Wenn | G. William Lee Sons Co | 301 St. N.E. Washington D.C. |

RECEIVED
AUG 31 1954
BUREAU V

07808

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

7821

**1. PLACE OF DEATH:**
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 mo's, 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1345 Madison St., N.W.

**3. NAME OF DECEASED:** (Type or Print) (First) Elizabeth (Middle) (Last) Reynolds

**4. DATE OF DEATH:** (Month) (Day) (Year) 8 - 26 1954

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** widow
**8. DATE OF BIRTH:** 1/21/72
**9. AGE last birthday:** 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Clerk
**10b. KIND OF BUSINESS OR INDUSTRY:** U.S. Botanical Gardens
**11. BIRTHPLACE** (State or foreign country): Washington, D.C.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Timothy J. Noonan
**14. MOTHER'S MAIDEN NAME:** Josephine Sauter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service) –
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT & ADDRESS:** Decedent

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary tuberculosis | 3 years |
| | DUE TO | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | |
| | DUE TO | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generelized arteriosclerosis — 4 yr known

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to August 26 1954, that I last saw the deceased alive on August 26, 1954, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pineiras (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital Glenn Dale Md. DATE SIGNED 8/26/54

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF 8/28/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 8/26/54
REGISTRAR'S SIGNATURE Noel Wern
**24. FUNERAL DIRECTOR** S H Hines Co ADDRESS Washing 9, DC

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1954

BUREAU V. S.

7822

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07809

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillandale
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hillandale Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 13,325 Colesville Road

3. NAME OF DECEASED (Type or Print): (First) JASON (Middle) Polk (Last) RISLEY

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 24, 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY: (retired)

11. BIRTHPLACE (State or foreign country): Redland, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George M. Risley

14. MOTHER'S MAIDEN NAME: Frances Lett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 579-18-0084A

17. INFORMANT AND ADDRESS: George M. Risley, 13,325 Colesville Rd., SS. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval between onset and death: 7

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 7

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to 18 Aug, 1954, that I last saw the deceased alive on 20 July, 1954, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D Lind MD — ADDRESS: Silver Spring — DATE SIGNED: 8/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/21/54 — NAME OF CEMETERY OR CREMATORY: Burtonsville Union Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.: Aug 24, 1954 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy Registrar — 24. FUNERAL DIRECTOR: Warmerda Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07810

7789 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 37 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural give location) 610 - 50th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) (Last) Robinson
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1954

5. SEX. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH J-29-1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS, RECURRENT — years.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED ARTERIOSCLEROSIS

DUE TO CEREBRAL ARTERIOSCLEROSIS

(C) ARTERIOSCLEROTIC HEART DISEASE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 7 00/7 M, from the causes and on the date stated above.

SIGNATURE Albert Roth M. D. ADDRESS Riverdale DATE SIGNED 7-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 6, 1954
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR 8/8/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

AUG 11 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07812

# 7753 CERTIFICATE OF DEATH

Reg. Dist. No. 2W5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Rainier — LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3517 Bunker Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Rainier
STREET ADDRESS (If rural give location) 3517 Bunker Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Etta (Last) Schlenker

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4/4/1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Montgomery County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Beall

14. MOTHER'S MAIDEN NAME: Barbara A. Heffner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-01-6280 B

17. INFORMANT & ADDRESS: Theodore Schlenker 3517 - Bunker Hill Rd. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage — 6 days

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension Cardio Vascular Disease & Auricular Fibrillation — 10+ yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954 to Aug. 14, 1954, that I last saw the deceased alive on 8-13, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE: Woldo K. Meyers (Degree or title) M.D. — ADDRESS: 3503 Perry St. Mt. Rainier Md. — DATE SIGNED: 8-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/16/1954 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-16-1954 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy Local — 24. FUNERAL DIRECTOR: Bailey's Funeral Home, Inc. — ADDRESS: 3200 - R. I. Ave. Mt. Rainier, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07813

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Heights
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4111 Woodland Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forest Heights
STREET ADDRESS (If rural, give location) 4111 Woodland Drive

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) (Last) Gilbert

4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 3, 1937

9. AGE last birthday: yrs. 17 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kenneth Martin

14. MOTHER'S MAIDEN NAME: Mary Seibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 13-15 3rd St. S.E. Mary Seibert Washington D.C. (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/17/54

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR 8/17/54

REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell

24. FUNERAL DIRECTOR F. Gaske Sons

ADDRESS Hyattsville Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND 7790 07814

STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

Film G169 Item 9 9-1-54,et

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 4018 - 34th St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Louise | Edna | Singer | Aug. | 15 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | W | Widowed | 4-1-96 | 58 5/7 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Beauty operator | | N. Y. | U.S.A. |

13. FATHER'S NAME: ? Staffel
14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Hospital Records, Cheverly, Md |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Tamponade

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction

(c) Hypertensive Cardio-Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 7/31, 1954, to 8/15, 1954, that I last saw the deceased alive on 8/15, 1954, and that death occurred at 12:13 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leon L. Gallen M.D. — ADDRESS: 3F27-34th to Mt. Rainier — DATE SIGNED: 8/15/54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug 19/1954 | Ft Lincoln Cemetery | Colmar Manor Md |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/19/54 | Amanda Downey | H. Gaskeson | Hyattsville, Md |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill

LENGTH OF STAY (in this place) Transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5660 Black Abbott Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 2116-31st Street SE

3. NAME OF DECEASED: (Type or Print) (First) Linwood (Middle) Earl (Last) Smith

4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 28, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Charles Linwood Smith

14. MOTHER'S MAIDEN NAME: Bessie Eugenia Storey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) 1923-1927

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 2330 - 25th St SE Mrs M. V. Gafrich Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Sewer gas DUE TO (c) Fell in a man hole

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death

21c. (City or town) Oxon Hill (County) P. G. (State) Md

21d. TIME OF INJURY (Month) Aug (Day) 24 (Year) 1954 (Hour) 4 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Fell in a man hole

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF Aug 24, 1954

NAME OF CEMETERY OR CREMATORY Lee Funeral Home

LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 8/24/54

REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Washington, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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BUREAU V. S

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MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Pringe George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 3days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights, Md.; STREET ADDRESS (If rural, give location) 722 60th Place

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 8-11- (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-4-89

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Govt.

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraem: A — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure — 1 wk.

(c) Hypertensive Arteriosclerotic Cardiovascular - Renal disease — ??

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4-30X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1954 to Aug 11, 1954, that I last saw the deceased alive on Aug 11, 1954, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Shuller MD — ADDRESS Mt Rainier Md — DATE SIGNED Aug 12 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 8/12/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 8/12/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS Henry S Washington & Sons 467 N st. NW

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MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland
STREET ADDRESS (If rural, give location) 5325 Chesapeake, Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Frances (Last) Storke

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 19 54

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH July 5, 1890

9. AGE last birthday 64 yrs. (If under 1 year: Months / Days / Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) West Va

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Brady Foster

14. MOTHER'S MAIDEN NAME Elizabeth Wasemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Records, Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis - Recurrent. — Interval between onset and death: 3 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) Cerebral Arteriosclerosis — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 5 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20 ..., 19 54, to 8-26 ..., 19 54, that I last saw the deceased alive on 8-26 ..., 19 54, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M.D. — ADDRESS Mt. Rainier — DATE SIGNED Aug 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Aug 30, 1954 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REG. Aug 29, 1954 — REGISTRAR'S SIGNATURE Amanda Dorsey

24. FUNERAL DIRECTOR — ADDRESS F Rascia Sons Hyattsville, Md

SEP 1 [illegible]
[illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07818

# 7825 CERTIFICATE OF DEATH

Reg. Dist. No. 142

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6408-Buchanan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park; STREET ADDRESS (If rural give location) 6408-Buchanan St

3. NAME OF DECEASED: (First) SAMUEL (Middle) EDWARD (Last) TATHAM.

4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrical Engineer

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Tatham

14. MOTHER'S MAIDEN NAME: Elizabeth Scothan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1914

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Joseph E. Tatham 6408-Buchanan

## 18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Congestive Failure | 1 month |
| ANTECEDENT CAUSE (S) | DUE TO auricular fibrillation | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) Hypertensive cardiac disease | unknown |
| | DUE TO arteriosclerosis | unknown |
| | (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Prostatic Hypertrophy Chronic Prostatitis | unknown |

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1954 to Aug. 7, 1954 that I last saw the deceased alive on Aug. 5, 1954, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE AND ADDRESS: M.D. Washington D.C.

DATE SIGNED: Aug 10-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug 10-1954

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 8, 54

REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: J. William Leedon

ADDRESS: Wash. D.C.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7826 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY — |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural) — LENGTH OF STAY (in this place) 4 mos., & 4 days. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital | STREET ADDRESS (If rural, give location) 1610 Buchanan St., N. W. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED: (Type or Print) | (First) Basil | (Middle) G | (Last) Taylor | 4. DATE OF DEATH: | (Month) 8 (Day) 28 (Year) 1954 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7/1/1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. — |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist | 10b. KIND OF BUSINESS OR INDUSTRY: Self-employed | 11. BIRTHPLACE (State or foreign country): Greenwich, Va. | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Edward C. Taylor | 14. MOTHER'S MAIDEN NAME: Susanna Hall | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT & ADDRESS: Decedent | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Pulmonary Tuberculosis | 4 months |
| | DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | | |
| | DUE TO | | |
| | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — unknown

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 4/28, 1954, to 8/28, 1954, that I last saw the deceased alive on 8/28, 1954, and that death occurred at 7 50 P.m., from the causes and on the date stated above.

| SIGNATURE | (DEGREE OR TITLE) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Daniel Leo Finnegan | M.D. | Glenn Dale Hospital Glenn Dale Md. | 8/28/54 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF 8/29/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington | (State) D.C. |
| DATE REC'D BY LOCAL REG. 8/29/54 | REGISTRAR'S SIGNATURE Moe Weiss | 24. FUNERAL DIRECTOR Joseph Gawlers Sons | ADDRESS 1756 Pa Ave N.W. | |

VS. A1 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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Reg. Dist. 231

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY in this place: D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Glen Arden
STREET ADDRESS (If rural, give location): Mc Clames Ave.

**3. NAME OF DECEASED: (Type or Print)** (First) Harry (Middle) George (Last) Dolson

**4. DATE OF DEATH** (Month) Aug. (Day) 21 (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** 15 Dec.

**9. AGE last birthday:** 30 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Laborer

**10b. KIND OF BUSINESS OR INDUSTRY:** Truck farm

**11. BIRTHPLACE** (State or foreign country): Washington D.C.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Harry Mc Daines

**14. MOTHER'S MAIDEN NAME:** Sadie Dolson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

**16. SOCIAL SECURITY NO.:** Unk

**17. INFORMANT & ADDRESS:** Sadie Dolson-mother-same as # 2.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Hemorrhage and shock. | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Gunshot wound of abdominal | |
| | DUE TO (c) | aorta | |

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes [X] No [ ]

**21a. EXTERNAL CAUSE WAS** PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY: House

**21c.** (City or town) Glen Arden (County) Pr. Geo. (State) Md.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 8-21-54 6:00 A.M.

**21e. INJURY OCCURRED** While at work [ ] Not while at work [X]

**21f. HOW DID INJURY OCCUR?** Shot by a 22 cal rifle held by another man -

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [X], Undetermined cause [ ].

**SIGNATURE** John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAM. [ ]

**DATE SIGNED** 8-21-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** — **DATE THEREOF** 8-22-54 — **NAME OF CEMETERY OR CREMATORY** Harry G. Wade Washington Memorial Home — **LOCATION** (City, town, or county) 4925 Dean Ave. N.E. (State)

**DATE REC'D BY LOCAL REG.** 8-22-54 — **REGISTRAR'S SIGNATURE** Amanda Ordoney

**24. FUNERAL DIRECTOR** H.G. Wade — **ADDRESS** Washington D.C.

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MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gov. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights
STREET ADDRESS (If rural, give location) 1012 Addison Rd.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Tyree

4. DATE OF DEATH (Month) Aug. (Day) 28, (Year) 1954

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Aug. 28, 1954

9. AGE last birthday yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 1, Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chauncey - Taylor

14. MOTHER'S MAIDEN NAME Allie Tyree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (1200 gms. 37 cm.)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1954, to Aug 28, 1954, that I last saw the deceased alive on Aug 28, 1954 and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE John W. Pukes MD (Degree or title) ADDRESS 5301 Hamilton St., Hyattsville Md DATE SIGNED 8/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 9/7/54 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 9/10/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry W. Penn Jr. ADDRESS Supt

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07821

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# CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4015-33rd street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Bertha (Last) Venning
4. DATE OF DEATH: (Month) 8 (Day) 1st (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/18/1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T. Delaney
14. MOTHER'S MAIDEN NAME: Minnie Hildebrand

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: John Rupert Venning 4015-33rd St. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident (thrombosis) — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Severe generalized arteriosclerosis — 15 years
DUE TO (c) Diabetes mellitus — 20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1953, to 31 July, 1954, that I last saw the deceased alive on 31 July, 1954 and that death occurred at 2:10 AM 1 Aug '54, from the causes and on the date stated above.

SIGNATURE Leon R Gallin MD (Degree or title) ADDRESS 3827-34th St Mt. Rainier DATE SIGNED 1 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/4/1954
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 8-2-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley Funeral Home, Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

8/3/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 4 1954

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07823

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# CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 Laurel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 416 Laurel Avenue

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Olive (Last) Willie

4. DATE OF DEATH: (Month) (Day) (Year) August 31 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: January 26 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Buchanan Hiett
14. MOTHER'S MAIDEN NAME: Violetta Virginia Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: John E. Willie 416 Laurel Ave Laurel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mitral & aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH 10 mo

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension - Arteriosclerosis — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Interstitial Nephritis Haemoptysis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/4, 1951, to 8/31, 1954, that I last saw the deceased alive on 8/30, 1954, and that death occurred at 12 30 a M, from the causes and on the date stated above.

SIGNATURE N. B. Bernard M.D. ADDRESS 314 Compton DATE SIGNED Laurel Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 2, 1954
NAME OF CEMETERY OR CREMATORY Any Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 2-54
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

SEP 7
BUREAU V. S.

7827

07824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4208 Bladensburg Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 4304 - Bladensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Frank (Last) Witten

4. DATE OF DEATH (Month) (Day) (Year) 8 - 26 - 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 31-1921
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lee Witten
14. MOTHER'S MAIDEN NAME: Lou Crissie Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes: World War 2
16. SOCIAL SECURITY No.: 579-12-5895
17. INFORMANT & ADDRESS: Wife, Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Carbon monoxide poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rear of Gas. Sta.
21c. (City or town) Cottage City (County) Pr. Geo. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-26-54 8-3 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Suicide by inhaling Carbon Monoxide

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-30-54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 8/27/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B. Gascho Sons
ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08723

MARYLAND 7797

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. LENGTH OF STAY (in this place) 4 Drs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East River dale, Md.
STREET ADDRESS (If rural, give location) 6200 River dale Rd.

3. NAME OF DECEASED (Type or Print) (First) Marguerite (Middle) Maud (Last) Wolfe

4. DATE OF DEATH (Month) Aug. (Day) 31, (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 31, 1871

9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles A. Massie

14. MOTHER'S MAIDEN NAME Mary Pauline Naylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Pierce Wolfe Riverdale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Pulmonary Congestion & Edema — 24 hrs.

Antecedent cause(s) (b) Congestive Heart Failure — 24 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Gall Bladder — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug, 1954, that I last saw the deceased alive on July, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley (Degree or title) ADDRESS 6124-41st Ave Hyatts. Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sept 4, 1954

NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 9/3/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md ADDRESS

1

RECEIVED
SEP 8 1954
BUREAU V. S.

07825

MARYLAND 7828

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 23 DC
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5991 Suitland Rd SE

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier Md 16
STREET ADDRESS (If rural, give location) 3803-30th St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Raymond Alfred Young

4. DATE OF DEATH (Month) (Day) (Year) Aug 20 1954

5. SEX Male
6. COLOR OR RACE U.S. White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 1 1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Bureau of Standards
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Austin Young
14. MOTHER'S MAIDEN NAME Mary Magdeline Fairall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Helene Louise Young Mt Rainier Md 3803-30th St

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcenoma of Transverse

Antecedent cause(s) Colon with Metastases

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH 3 Months

1

19a. DATE OF OPERATION June 14 1954
19b. MAJOR FINDINGS OF OPERATION Inoperable Carcenoma of Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 15, 1954, to Aug 20, 1954, that I last saw the deceased alive on Aug. 20, 1954, and that death occurred at 8 25 P m., from the causes and on the date stated above.

SIGNATURE Paul C Van Natta (Degree or title) M.D. ADDRESS 5440 Silver Hill Rd Washington 28 DC DATE SIGNED Aug 20 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/24/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington, DC. (State)

DATE REC'D BY LOCAL REG. Aug 22 1954
REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell
24. FUNERAL DIRECTOR Nalley Funeral Home, Inc. ADDRESS 3200 R.I. Ave Mt. Rainier, Md.

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SEP 1 1954
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